



Public Health Update

A Newsletter by the Clark and Skamania Counties Health Department

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Norovirus is an extremely stable, non enveloped RNA virus that can persist for days in the environment. Handwashing remains as the best and most effective measure to curb the recent increase in norovirus in our community.

Dr. Alan Melnick To take Over...

Dr. Alan Melnick will assume duties as health officer from Dr. Justin Denny who leaves in order to spend more time with his family and to teach at Oregon Health & Science University (OHSU). Dr. Melnick comes with extensive public health and health officer experience. He was a staff physician with Multnomah County Health Department from 1981 – 1990 and has been a health officer for three local health departments including Cowlitz-Wahkiakum, Washington County, and most recently Clackamas County. He holds Associate Professor rank at OHSU in the Department of Family Medicine. There he is the director of research and the director of the joint residency in family medicine/preventive medicine. Alan holds his Medical Doctorate from Tufts University School of Medicine and his Master of Public Health from the University of Washington. He is board certified in both Family Medicine and Public

Health & General Preventive Medicine and is licensed to practice medicine in Washington and Oregon.

Dr. Melnick has served on a number of Boards and Commissions: Board member of the National Association of County and City Health Officials Board of Directors, Oregon 70th Legislative Assembly Joint Interim Task Force on Children and Families, Chair of the Governor's Council on Alcohol and Drug Abuse, Oregon Drug Utilization Review Board, Vice Chair of the Governor's Council on alcohol and Drug Abuse Programs, and a member of the Oregon Governor's Council on Alcohol and Drug Abuse Programs.

Alan is very interested in the whole range of public health issues and understands the importance of doing our work in a community-based manner. He will be a great replacement for Justin and a great addition to community and leadership team.

Noro, Noro and More Noro...

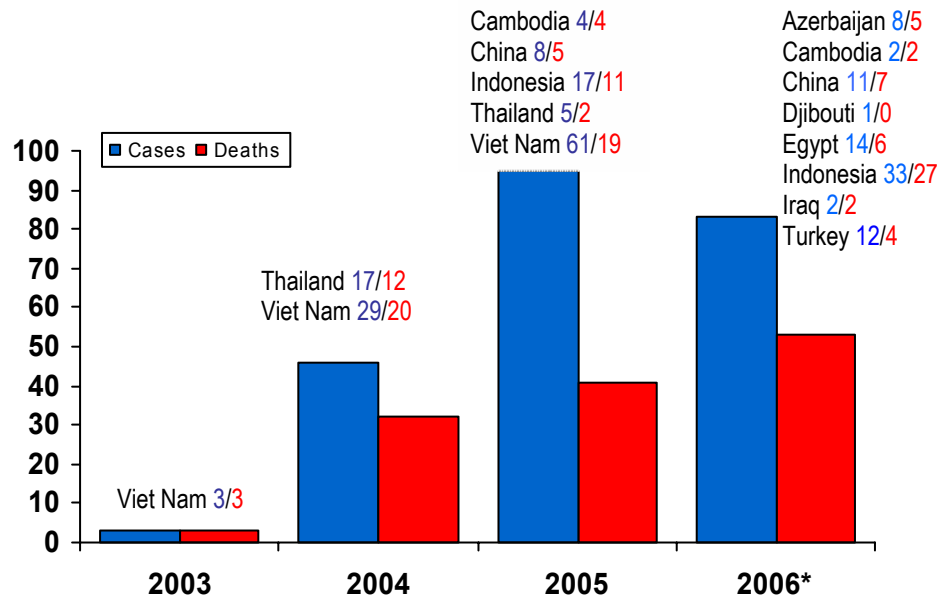
In April and May 2006, the Clark County Health Department responded to several outbreaks of viral gastroenteritis reported by long term care facilities (LTCF) and schools in the county. Between April 4 and May 26, 2006 the Health Department investigated outbreaks in eight LTCFs and five schools. Several residents of the first two LTCFs to report outbreaks were hospitalized and three residents who were ill with symptoms of vomiting and/or diarrhea died. The following table summarizes the outbreaks attributed to norovirus. infection in Clark County.

Facility Name	Combined Number of cases	Combined Totals	Combined Attack rate	Age (years) Combined staff and residents	
				Mean	Median
Cascade Inn	91	262	35%	72	85
Van Mall Retirement Community	111	282	39%	74	81
Cascade Park Care Center	24	223	11%	63	70
Echo Ridge Adult Family Home	8	8	100%	66	73
VA Skilled Nursing	50	195	26%	61	60
Parkway North	44	156	28%	64	67
Columbia River Mental Health	9	64	14%	41	47
Vancouver Health and Rehab	54	185	29%	70	76

Avian Flu Update

The avian influenza A (H5N1) epizootic (animal outbreak) in Asia has expanded to wild birds and/or poultry in parts of Europe, the Near East and Africa. Sporadic human infections with H5N1 continue to be reported and have most recently occurred in China, Egypt, Indonesia, Azerbaijan, Cambodia, and Djibouti. In addition, rare instances of probable human-to-human transmission associated with H5N1 viruses have occurred, most recently in a family cluster in Indonesia. So far, however, the spread of H5N1 virus from person to person has been rare, inefficient, and unsustained. As of this date, H5N1 has not been identified among animals or humans in the United States.

Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO



* Retrieved from http://www.who.int/csr/disease/avian_influenza/country/en/ on May 31, 2006

Alert to Providers Re: Testing for Avian Flu

Testing for avian influenza A(H5N1) virus infection is recommended for a patient who has an illness that:

* requires hospitalization or is fatal;
AND

* has or had a documented temperature of $\geq 38^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$);
AND

* has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established; AND

* has at least one of the following potential exposures within 10 days of symptom onset:

A) History of travel to a country with influenza H5N1 documented in poultry, wild birds, and/or humans, AND had at least one of the following potential exposures during travel:



- direct contact with (e.g., touching) sick or dead domestic poultry;
- direct contact with surfaces contaminated with poultry feces;
- consumption of raw or incompletely cooked poultry or poultry products;
- direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
- close contact (approach within 1 meter [approx. 3 feet]) of a person who was hospitalized or died due to a severe unexplained respiratory illness;

B) Close contact (approach within 1 meter [approx. 3 feet]) of an ill patient who was confirmed or suspected to have H5N1;

C) Worked with live influenza H5N1 virus in a laboratory.

All testing and sample handling goes through the Clark County Health Department.

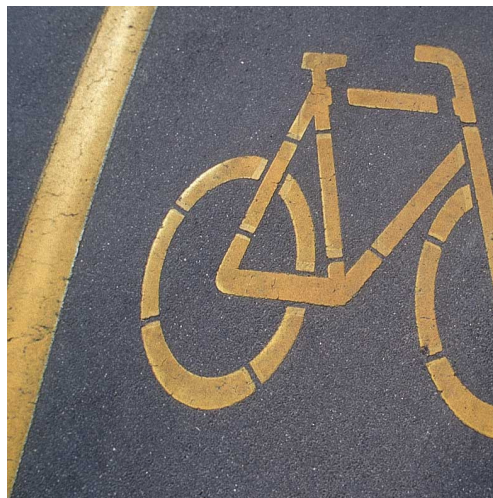
Mumps...

The Midwest has an ongoing mumps outbreak. During January 1 - May 2, 11 states reported 2,597 cases of mumps (Oregon reports 33 confirmed or presumptive cases). Twelve mumps viral isolates from six states were characterized; all were mumps genotype G.

For 80% of the 2,597 mumps cases with patient age available, the median age was 21 years (range: <1 year to 96 years). The incidence rate was highest among persons aged 18--24 years (17.1 per 100,000 population), followed by persons aged 5--17 years (5.2) and 25--39 years (4.8).

Parotitis was reported in 66% of the 1,327 patients for whom such data were available. Data regarding mumps complications and hospitalizations are incomplete. However, complications have included 27 reports of orchitis, 11 meningitis, four encephalitis, four deafness, and one each of oophoritis, mastitis, pancreatitis, and unspecified complications. Among 1,192 patients, 6% were unvaccinated, 12% had received one dose of MMR vaccine, and 51% had received 2 doses of MMR vaccine. The rest -- most of them adults -- had unknown vaccination status.

Clark County Public Health is investigating reports of parotitis in a day care setting at the time of this writing, yet has no culture confirmation at the time of this writing. A vaccination clinic was held at the day care setting Tuesday June 13th to ensure all children attending the center have one MMR while awaiting culture confirmation.



http://www.bigfoto.com/sites/gallery/photos2/bike_st

HPV Vaccine is Approved by FDA



<http://www.bigfoto.com/sites/gallery/photos9/shoes.jpg>

The Food and Drug Administration (FDA) today announced the approval of Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions and genital warts due to human papillomavirus (HPV) types 6, 11, 16 and 18. The vaccine is approved for use in females 9-26 years of age. Four studies, one in the United States and three multinational, were conducted in 21,000 women to show how well Gardasil worked in women between the ages of 16 and 26 by giving them either the vaccine or placebo.

The results showed that in women who had not already been infected, Gardasil was nearly 100 percent effective in preventing precancerous cervical lesions, precancerous vaginal and vulvar lesions, and genital warts caused by infection with the HPV types against which the vaccine is directed. While the study period was not long enough for cervical cancer to develop, the prevention of these cervical precancerous lesions is believed highly likely to result in the prevention of those cancers.

HPV is the most common sexually-transmitted infection in the United States. The Centers for Disease Control and Prevention estimates that about 6.2 million Americans become infected with genital HPV each year and that over half of all sexually active men and women become infected at some time in their lives. On average, there are 9,710 new cases of cervical cancer and 3,700 deaths attributed to it in the United States each year. Worldwide, cervical cancer is the second most common cancer in women; and is estimated to cause over 470,000 new cases and 233,000 deaths each year.

—FDA News

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References and Resources:

Oregon Department of
Health Services
(www.dhs.state.or.us)
and the Centers for
Disease Control
(www.cdc.gov)

We're on the Web!

See us at:
www.clark.wa.gov

Hantavirus on the rise?

According to the Centers for Disease Control, there has been an increase in cases of hantavirus in Western states in 2006 (9 cases in 3 months).

Hantavirus pulmonary syndrome is a rare, but potentially serious respiratory infection that begins with 1 to 6 days of fever, headache, muscle aches and lack of appetite followed by difficulty breathing as the infection causes the lungs to fill with fluid.

Deer mice can be found statewide and are distinguished from other mice by their white bellies and furry tails. Infected deer mice spread hantavirus in their urine, droppings, and saliva, but they do not show signs of illness. Hantavirus infection is mainly transmitted when mouse nests, droppings and urine are disturbed, sending virus particles into the air where they can be

inhaled. Open doors and windows to air out rodent-infested cabins, barns, sheds workplaces and other structures for 30 minutes or more before disturbing or cleaning anything inside. Sunlight helps kill the virus. Do not clean the droppings or nests by sweeping, brushing or vacuuming, since these methods stir up dust and increase a person's chances of inhaling the virus. Thoroughly soak or spray areas with evidence of rodents (nests, droppings, dead mice) with a bleach/water mixture (1 part bleach to 9 parts water) or other disinfectant that kill viruses, and let it soak for at least 5 minutes. After disinfecting, wear rubber gloves and clean up the droppings with disposable materials such as paper towels, rags or mops. Seal all materials, droppings or nests in double plastic bags and dispose of them in the trash. Before taking off gloves, wash or disinfect them and wash hands with soap and warm water after removing gloves.

36 % of health care workers are vaccinated each year against influenza.

CDC. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2003; 52 (RR8): 1-44.

Please help us enforce these guidelines....

Did you know that 60-70% of all children, under the age of 6, in Washington State are in some sort of out-of-home care setting? Child care providers need your help in re-enforcing to the parents the following exclusion guidelines:

Diarrhea (3 or more in 24 hrs. or > 1 bloody stool/24 hrs.)

Vomiting (2 or more in 24 hrs.)

Uncovered open or oozing sores

Lice or nits

Fever > 100°F axillary and one of the following symptoms:

Earache, headache, sore throat, rash, and/ or fatigue that prevents participation in regular activities.

Note: Suspected communicable skin infection (impetigo, scabies, pinkeye) – may return after 24 hrs of antibiotic treatment.